

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	10/089273
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8		1					58	
9		1					59	
10		1					60	
11		1					61	
12	1						62	
13		1					63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21		1					71	
22		1					72	
23	1						73	
24		1					74	
25		1					75	
26		1					76	
27	1						77	
28		1					78	
29	1						79	
30		1					80	
31		251					81	
32		231					82	
33		241					83	
34		251					84	
35		251					85	
36		252					86	
37		251					87	
38		251					88	
39		251					89	
40		251					90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5						TOTAL IND.	
TOTAL DEP.	39						TOTAL DEP.	
TOTAL CLAIMS	44						TOTAL CLAIMS	

PTO-1380 (5-75)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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